

# AGED AND DISABLED WAIVER – SERVICE PLAN

ADW Participant's Name: **Very G. Person**

Plan Month/Year: April

March 2016

## IV. PERSONAL ATTENDANT LOG

ADW Participant's First and Last Name: <b>Very G. person</b>		PA Agency/Personal Options: <b>Outstanding Services, Inc.</b>		<b>PAL UPDATE</b>														
RN/RC Signature: <u>Kathy Jones RN</u>		Plan Period: <b>March 2016-August 2016</b>		Date Updated by RN/RC:														
Date: <b>3/15/16</b> RN Time In: 9a RN Time Out: 10:30a		Service Level/Hours: <b>LOC – C – 95 hours/mo.</b>		CM/RC Receipt Date:														
Hours/Day: <b>3.5 hrs./6days</b>	Days/Week: <b>Mon. thru Sat.</b>	Was this a change in hours, days or activities? <b>NO</b>		Service Time In: <b>10a</b>	Service Time Out: <b>1:30p</b>													
<b>Date: PA Circle correct day</b>		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time Arrived:					9A		10A					10	10		10			
Time Left:					130		145					130	130		145			
Total Hours:					4.5		3.75					3.5	3.5		3.75			
PA Initial: 1 staff per recipient					HB		HB					HB	HB		HB			
ADW Participant's Initials:					VP		VP					VP	VP		VP			
DESCRIPTION OF SERVICES – RN or RC Describe activities, circle type of assist, list days of week. PA – Initial on day activity provided.																		
Describe Activities		F S S M T W Th F S S M T W Th F S																
S= Supervised; P = Partial; T=Total																		
Bath: S P T Help in/out of tub, wash lower legs, feet. Ensure totally dry after bath especially under skin folds.		M-Th-Sa					HB							(R)	HB		HB	
Skin Care: S P T Assist member apply corn starch after bath.		M-Th-Sa					HB							(R)	HB		HB	
Hair: S P T Wash hair along with bath.		M and Thurs.					HB							(R)			HB	
Nails: S P T NOT FOR PA Family/podiatrist will help with this.		—																
Mouth Care: S P T Help with applying toothpaste only.		M-Sat.					HB							HB	HB		HB	
Dressing: S P T Get pants over feet and up to knees for member to pull up. Put on shoes/socks and tie if needed. Help with buttons on shirt.		M-Sat.					HB							HB			HB	
Ambulation: S P T Hold Ms. Person's arm when walking more than a few feet.		M-Sat.					HB							HB	HB		HB	
Transfer: S P T Be beside her to balance her as she gets up or down.		M-Sat.					HB							HB	HB		HB	
Toileting: S P T Walk her to Bathroom, help her sit down/get up and stay balanced while cleaning herself.		M-Sat.					HB							HB	HB		HB	

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Positioning: Turn Every ____ Hrs. Up in Chair NA	-	F	S	S	M	T	W	Th	F	S	S	M	T	W	Th	F	S
Bed Making: Help her make bed daily and change sheets on Friday.	M-Sat.						HB					HB	HB		HB		
Medication Prompt: Get out pill planner and remind to take pills. Offer water, not juice to take with pills.	M-Sat.				HB		HB					HB	HB		HB		
Meals: Diet/Special Directions Allow her to help make meals of her choosing. Dinner is to be prepared for reheating later. Sat. ensure food available for Sun. B X (LX) DX Snack	M-Sat.				HB		HB					HB	HB		HB		
Laundry: Allow her to help sort clothes and fold them. PA to put in washer/dryer.	Tues. and Fri.												HB				
Vacuum/Sweep: PA to do entire apt.	M-Sat.											HB	HB		HB		
Mop: PA to clean kitchen and BR x1/wk.	Wed.						HB					HB					
Dust: PA to clean bedroom and living room x1/wk.	Sat.											HB					
Straighten: PA to pick up clothes in BR and do dishes in kitchen.	M-Sat.						HB					HB	HB		HB		

Essential Errands (include purpose, destination, frequency and day of week):

**Appt. w/ Dr. Apple every 3 mos. In Charleston, CVS pharm. Monthly on Mon. and for new prescriptions., bank when out for groceries, Grocery shopping at Foodland in Charleston on Wednesdays.**

Community Activities: (include purpose, destination, frequency and day of week): **Bingo at church first Tuesday of the month (no housekeeping that day.)**

Other:

Special Instructions for Transportation: **Use fold-up wheel chair for shopping activities.**

Date/Start Stop Time **	Total Miles Traveled	How much time did you spend driving? **	Destination and Purpose of Travel ** Complete these sections for medical appointments ONLY and do NOT bill for miles for medical.	Essential Errand Time Spent **	Community Activities Time Spent	**Was Person with You? Yes No	ADW Person Initials **
4/14 10:14-12p	—	1 hr	Appt with Dr. Apple in Charleston	1 hr		X	VGP
4/16 12:30-1:45	10	45"	Foodland in Charleston	30"		X	VP



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I have reviewed this PA Service Log and to the best of my knowledge, the reported information is complete and accurate. No RN for Personal Options.

RN Printed Name: KATHY JONES RN

RN Signature: Kathy Jones RN Date: 5/3/16  
(If needed, attach additional documentation).

Comments: did extra time

By signing, I certify that the reported information is complete and accurate. I understand that payment for the services certified on this form will be from federal and state funds, and that any false claims, statements, or documents or concealment of material fact, may be prosecuted under Medicaid fraud.

Participant/Legal Representative Very Person Date: \_\_\_\_\_  
(Program Representative for Personal Options)

Personal Attendant Printed Name: Hailey Bricker

Personal Attendant Signature: Hailey Bricker Date: \_\_\_\_\_

**Unless prior approved, services must follow Plan. For Personal Options, follow person's budget.**

**PAL Updates:** Change in days, times, activities.

RN/RC spoke to person by phone \_\_\_\_\_  
Face to Face \_\_\_\_\_ regarding changes.

Date:

Must send updated PAL to CM or RC.

RN/RC Initials:

Date	Wellness Scale	Comments Wellness Scale 1-10 (1=poor; 10=great)	Date	Wellness Scale	Comments Wellness Scale 1-10 (1=poor; 10=great)
4/4	7	In early pm RN to get ready for dr. appt. Other services not done due to appt. HB OK KS	4/12	7	Son helped dress + get breakfast I helped with sponge bath later + did extra laundry. HB
4/6	7	Back late due to bad traffic. HB OK KS	4/14	8	Knocked over glass bottles - broke 21 over floor - stayed to clean up - worked. HB OK KS
4/11	5	Hg. Person not feeling well - hurts Refused bath/hair/skin. Did extra house chores. HB			